

May 18, 2010

Los Angeles County **Board of Supervisors**

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John F. Schunhoff, Ph.D. Interim Director

Gail V. Anderson, Jr., M.D. Interim Chief Medical Officer

313 N. Figueroa Street, Suite 912

TO:

Each Supervisor

FROM:

SUBJECT:

John F. Schunhoff, Ph.D/

Interim Director

GRADUATE MEDICAL EDUCATION SEMI-ANNUAL REPORT

OCTOBER 2009 THROUGH MARCH 2010

The Graduate Medical Education (GME) Semi-annual Report for the period of October 1, 2009 through March 31, 2010 is attached. Information contained in this report is compiled and reviewed by the Office of Clinical Affairs and Affiliations for all Los Angeles County sponsored residency training programs as follows:

Training Program Accreditation Status and Housestaff Totals (Attachment I)

1,493 (Academic Year 2009-2010) Total Housestaff:

LAC+USC 916 490 Harbor-UCLA Olive View 87

Medical Specialty/Subspecialty Board Certification Results (Attachment II)

Attachment II presents medical specialty/subspecialty board certification status results for 1,938 former County housestaff physicians who, from 2006 through 2009, completed their training requirements in County-sponsored residency programs. The data indicates that sixty percent (60%) of the candidate population achieved board certification status, an increase of 13.3% since the last verification of board certification status.

www.dhs.lacounty.gov

Los Angeles, CA 90012

Tel: (213) 240-8101

Fax: (213) 481-0503

III. Residency Facts - 2009/10 Resident Physician Complement (Attachment III)

Attachment III depicts a two-part study conducted by the Office of Clinical Affairs and Affiliations. The study compares the total number of County-sponsored housestaff physicians with the totals of resident physicians enrolled in training programs throughout the County of Los Angeles and throughout the public hospitals of California.

To improve health through leadership. service and education.

The County sponsors forty-two percent (42%) of all resident physicians enrolled in training programs within the County of Los Angeles and thirty-eight percent (38%) of all resident physicians training in the public hospitals of California.

Information sources for this study were the Accreditation Council for Graduate Medical Education (ACGME) and the California Association of Public Hospitals (CAPH).

IV. Facility Compliance with Resident Supervision Guidelines (Attachment IV)

Third and Fourth Quarter 2009 Summary

System-wide audits for eighteen (18) resident supervision indicators are conducted quarterly. Facilities failing to meet the required eighty percent (80%) threshold for each indicator submit corrective action plans to the facility governing body. In the third quarter, two facilities failed to meet the threshold for three (3) indicators and corrective action plans were required. Fourth quarter results surpassed the threshold, and therefore no corrective action plans were required for this audit period.



Each Supervisor May 18, 2010 Page 2

Facilities demonstrating the best performance and/or a greater than fifteen percent (15%) improvement receive annual cash awards for the purchase of equipment for patient care.

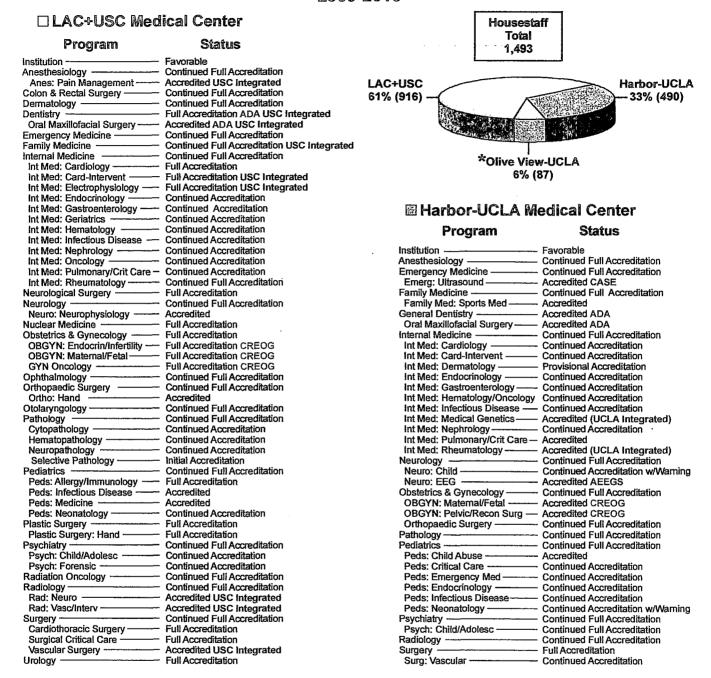
If you have any questions or need additional information, please let me know.

JFS:pd 506:015

Attachments

c: Chief Executive Office County Counsel Executive Office, Board of Supervisors

Los Angeles County Graduate Medical Education Programs, Accreditation Status and Housestaff Totals 2009-2010



☐ Olive View-UCLA Medical Center

Program	Status
Institution	Not Required
Internal Medicine	Continued Full Accreditation
Int Med: Hematology/Oncology	Continued Full Accreditation
Int Med: Nephrology ———	Continued Full Accreditation
Int Med: Rheumatology ———	Continued Accreditation

UCLA employed housestaff = 87 (County-sponsored, UCLA-employed)

Accredited by the American Dental Association (ADA)

Accredited by the American Electroencephalogram Society (AEEGS)

Accredited by the Consortium for the Accreditation of Sonographic Education (CASE)

Accredited by the Council on Resident Education in OB&GYN (CREOG)

Glossary of Program Accreditation Status

Accredited

Subspecialties only - A Review Committee confers the status of "Accredited" when the dependent subspecialty program has demonstrated substantial compliance with program requirements.

Accreditation with Warning

Subspecialties only - A Review Committee may grant "Accreditation with Warning" when the dependent subspecialty has been found to have one or more area of non-compliance with program requirements that are of sufficient substance to require prompt correction.

Continued Full Accreditation

"Continued Full Accreditation" status is conferred when a Review Committee determines that a program continues to demonstrate substantial compliance with program requirements.

Favorable

"Favorable" status is conferred when a Review Committee determines that the institution is in substantial compliance with the essential components of Graduate Medical Education.

Full Accreditation

A Review Committee grants "Full Accreditation" when a program holding provisional accreditation or probationary accreditation demonstrates substantial improvement and/or compliance with program requirements.

Initial Accreditation

"Initial Accreditation" is conferred when a Review Committee determines that a proposal for a new program substantially complies with all program requirements.

Probationary Accreditation

"Probationary Accreditation" is conferred when the Review Committee determines that a program has failed to demonstrate substantial compliance with program requirements.

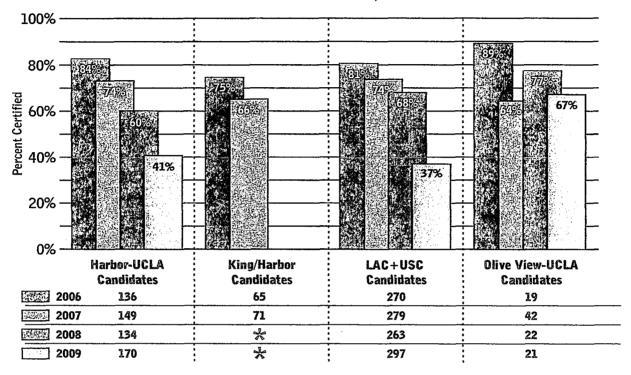
Provisional Accreditation

New programs go through a period of "Provisional Accreditation" which implies that a program is in the developmental stage. Provisional Accreditation can be conferred when a program's accreditation was withdrawn and the program has applied to become newly accredited.

2006-2009

Medical Specialty Board Certification Verification Results by Facility as of <u>April 2010</u>





Threw University voluntarily withdrew from its role as primary institutional sponsor at King-Harbor Hospital effective July 1, 2007. Board certification reporting will continue until the 2006-07 candidates are eliminated from the four-year running totals.

2006 - 2009 Board Certification Results as of April 2010

As of April 2010, board certification verification was achieved for an aggregate total of 1,938 housestaff who completed County training programs in years 2006 through 2009. Sixty percent of the total have achieved medical specialty board certification, an increase of 13.3% since the October 2009 verification. The next verification will occur in October 2010 and will include years 2007 though 2010.

NOTE

Medical specialties such as Obstetrics/Gynecology, Emergency Medicine, Orthopedic Surgery and Urology must complete in-practice requirements before becoming eligible to take the certifying exams. In-practice time requirements for these specialties range from twelve (12) to twenty-two (22) months therefore board certification may occur two (2) or three (3) years after residency training completion.

Verification Source: The American Board of Medical Specialties (ABMS) Error Rate +/- 2%

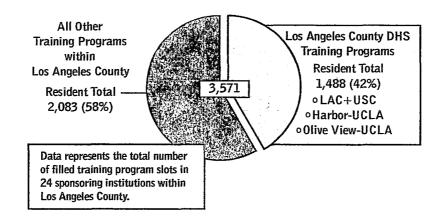
2009-10 Resident Physician Complement

Resident Physicians in Training Programs Sponsored by the Los Angeles County Department of Health Services compared with

All Other Resident Physician Training Programs within Los Angeles County

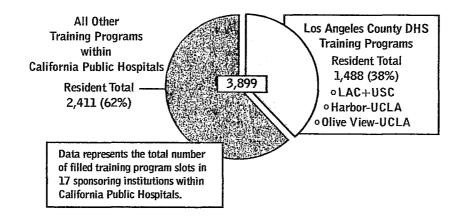
Totals include Interns, Residents and Fellows participating in programs accredited by the Accreditation Council for Graduate Medical Education (ACGME)

NOTE: American Dental Association (ADA) physician residents are not included



Resident Physicians in Training Programs Sponsored by the Los Angeles County Department of Health Services compared with

All Other Resident Physician Training Programs in California Public Hospitals



SOURCE:

Accreditation Council for Graduate Medical Education (ACGME)
California Association of Public Hospitals and Health Systems (CAPH)

Los Angeles County Department of Health Services Audit of Compliance with Resident Supervision Guidelines DHS Policy Number 310.2

Calendar Year 2009, Third and Fourth Quarter Summaries

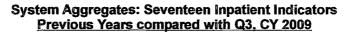
In the third and fourth quarters of calendar year 2009, nurses from the Department of Health Services' Quality Improvement Patient Safety Program (DHSQIPS) audited each teaching facility abstracting compliance information for eighteen inpatient indicators. The indicators, based on resident supervision guidelines, included eight surgical indicators, three ward/discharge indicators, three ICU indicators, three invasive procedure indicators and one Emergency Room-specific indicator.

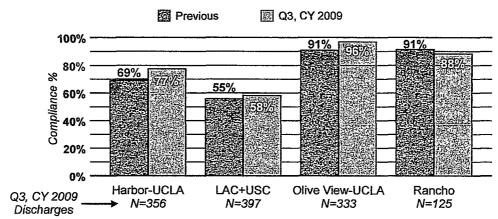
<u>Third quarter</u> data was collected from a sampling of hospital discharges with focus on the following services:

FACILITY	SERVICES REVIEWED
Harbor-UCLA	Cardiothoracic Surgery, Obstetrics, Oral Surgery, Plastic Surgery
LAC+USC	Burns, Cardiothoracic Surgery, ENT, Hepatobiliary, Obstetrics
Olive View-UCLA	Obstetrics
Rancho	All Resident Services: Peds, Stroke, Spine, Rehab

Findings

System aggregates demonstrated failure to meet the expected 80% threshold for two facilities.





LAC+USC and Harbor-UCLA were required to submit Corrective Action Plans to their Governing Bodies for the following indicators:

- Ward Indicator Admission note was signed and/or co-signed by the Attending within 24 hours of admission.
- Ward Indicator Daily progress note was signed and/or co-signed by attending or not that indicates "discussed with Attending" at least every 48 hours.
- Discharge Indicator Documentation reflects that the Attending concurs with the discharge plan either by Resident's statement that Attending concurs with the discharge plan, or by Attending's statement.

Los Angeles County Department of Health Services Audit of Compliance with Resident Supervision Guidelines DHS Policy Number 310.2

(continued)

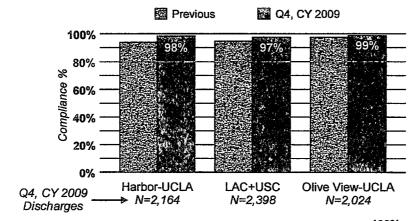
<u>Fourth quarter</u> data was collected from a sampling of hospital discharges with focus on the following services:

FACILITY	SERVICES REVIEWED
Harbor-UCLA	Emergency Medicine
LAC+USC	Emergency Medicine
Olive View-UCLA	Emergency Medicine
Rancho	All Resident Services: Peds, Stroke, Spine, Rehab

Findings

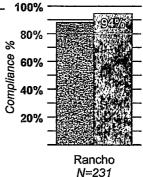
System aggregates demonstrated surpassed compliance with the expected 80% threshold for the Emergency Room-specific Indicator:

System Aggregates: Emergency Room-specific Indicator <u>Previous Years compared with Q4, CY 2009</u>



Findings

- Ward Indicator Daily progress note was signed and/or co-signed by the Attending at least every 48 hours
- Ward Indicator Admission note was signed and/or co-signed by the Attending within 24 hours of admission



Each service failing to meet the 80% compliance threshold will continue to submit, to its facility governing body, corrective action plans addressing each deficiency. No corrective action plans will be required for this audit period.